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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 — none @ 01/27/06

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 — none @ 01/27/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/16/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>100</u> 01/27/06 Initials	STATE OR COUNTRY MN	SHEETS DRAWING 12	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
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ADDRESS  
 27581  
 MEDTRONIC, INC.  
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 55432-9924

TITLE  
 Antithrombogenic medical device

FILING FEE  RECEIVED 896	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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